

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

08/49/888

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			
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50	/	/			
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

  

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97	/	/		
98	/	/		
99	/	/		
100	/	/		
TOTAL IND.	4	4		
TOTAL DEP.	81	98		
TOTAL CLAIMS	85	102		